

Return to: The Governor's Children's Cabinet
1280 Foster Avenue, Mensler 1
Nashville, Tennessee 37243



Governor's Mentoring Initiative



Mentor application

Group Affiliation (If Applicable) _____

Name:

Address:

.....

Zip Code:

Home phone: (.....)

Work phone: (.....)

Email address:

Social Security Number:-.....-.....

Date of birth: / /

Gender:

Please list the members of your household:

Name Sex: ... Age: Relationship to You

Name Sex: ... Age: Relationship to You

Name Sex: ... Age: Relationship to You

Name Sex: ... Age: Relationship to You



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Employment history:

Please provide us with your employment history for the past five years.
Feel free to use an extra sheet of paper if needed.

Employer:

Address:

.....

Supervisor:

Phone: (.....)

Position held:

Dates of Employment:

Employer:

Address:

.....

Supervisor:

Phone: (.....)

Position held:

Dates of Employment:



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References:

Please list the names, addresses and phone number of three people you would like to use as character references. Include at least one relative and make sure the other two are people you've known for at least a year.

Relative:

Address:

.....

Phone: (.....)

Relationship:

Name:

Address:

.....

Phone: (.....)

Relationship: How long known

Name:

Address:

.....

Phone: (.....)

Relationship: How long known



Governor's Mentoring Initiative



RELEASE AUTHORIZATION FOR BACKGROUND INVESTIGATION

(T.C.A. 37-1-414 and T.C.A. 71-3-533)

I hereby acknowledge that as a condition of my mentoring application with the Governor's Children's Cabinet, Mentoring Initiative, or as a condition of my application as a volunteer, the Cabinet may conduct any or all of the following investigative measures in regard to my application:

1. Obtain and review any or all investigative and Police records for the purpose of verifying the accuracy of criminal violation information contained on my application.
2. Require me to supply fingerprint samples and/or submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation.
3. Require me to attend a comprehensive youth protection training program which includes adult training on recognition, disclosure, reporting and prevention of abuse and submit to character, employment, education and reference checks.
4. My signature below amounts to authorization of any and all of the above investigative measures set out in items one (1) through three (3) above.

Last Name		First Name		Middle Name
Street Address		City	Zip Code	
Birth/Maiden Name	Social Security No.	Place of Birth	Date of Birth	
Male	Female	Home Tel. No.	Work Tel. No.	
<input type="checkbox"/>	<input type="checkbox"/>			
County/Region		(Office Use Only) Name of Requestor/Office Region		
Signature			Date	



Governor's Mentoring Initiative



Tennessee Applicant Background Check Procedures

All potential mentors must complete a background check as a part of the application process.

1. REGISTRATION

Go to www.tennessee.cogentid.com and click "register online" to begin the applicant registration (No sign-on is needed)

Or

Call **1-877-862-2425** (24 hours a day, 7 days a week)

The following information will be needed if completed online or by telephone:

- Agency Identification information:

ORI number (**TN920190Z**)

Transaction Type (**CD**)

- Payment Information:

OCA number (**COILM**)

2. FINGERPRINTING

- Wait 24 hours after registering
- Go to the facility nearest you to be fingerprinted, no appointment is necessary
- Bring a valid driver's license or state issued ID card

****Fingerprinting cannot be done until Step 1 is completed. ****

****If completing online click on facility nearest you for a location****

****If by telephone request the facility nearest you****

****FOR RESULTS EMAIL tn.lift@state.tn.us OR CALL 1-866/519-LIFT ****

Tennessee Applicant Registration

Sample to follow if completing on the website

Transaction Information

ORI **TN920190Z**

Provider Number DO NOT COMPLETE required for TNDHS000Z only

Provider Suffix DO NOT COMPLETE required for TNDHS000Z only

Transaction Type Select **CD**

Originating Case Number (OCA) Your number is **COILM** This is required here

Payment Type Agency (Do not change)

Expedited (Do not change)

Does the applicant transport children, adults, handicapped, or hazardous material required for TNDHS000Z only
NOT REQUIRED

Not required

CD – (volunteer)

**Required – No OCA
– No Result**

Agency pays

**Select “Y”
TNDHS is Dept.
of Human
Services**

Personal Information Please complete

Last Name

First Name

Middle Name

Date of Birth (MMDDYYYY)

Place of Birth

SSN

Reenter SSN

Sex

Race

Eye Color	<input type="text" value="SELECT"/>
Hair Color	<input type="text" value="SELECT"/>
Height	<input type="text" value="SELECT"/>
Weight	<input type="text"/> 000 if unknown
Country of Citizenship	<input type="text" value="SELECT"/>
Driver's License No.	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="SELECT"/>
Zip	<input type="text"/>
Phone Number	<input type="text"/>

Employer Information

Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="SELECT"/>
Zip	<input type="text"/>
Hire Date	<input type="text"/> (MMDDYYYY)

**Employer
Information**

**Do Not
Complete**

<input type="button" value="Next"/>	<input type="button" value="Reset"/>
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(Click Next if another family member needs to register)

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